

<b>SCC eFile</b>	<b>2013 ANNUAL REPORT</b> <b>COMMONWEALTH OF VIRGINIA</b> <b>STATE CORPORATION COMMISSION</b>	213544250					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME:  <b>GE Commercial Finance Business PropertyCorporation</b></p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:  <b>CT CORPORATION SYSTEM</b>  <b>4701 COX RD STE 301</b>  <b>GLEN ALLEN, VA</b></p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE:  <b>HENRICO COUNTY</b></p> <p>4.) STATE OR COUNTRY OF INCORPORATION:  <b>DE</b></p> </div> <div style="width: 35%;"> <p>DUE DATE: <b>10/31/2013</b></p> <p>SCC ID NO: <b>F0440448</b></p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>1,000</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	1,000	
CLASS	AUTHORIZED						
COMMON	1,000						
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 901 MAIN AVENUE ATTN: LEGAL DEPARTMENT</p> <p style="text-align: center;">CITY/ST/ZIP: NORWALK, CT 06851</p>							
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS:      All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>							
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: JORGE E FLOREZ  TITLE: VICE PRESIDENT  ADDRESS: 10900 NE 4TH ST STE 500  CITY/ST/ZIP/CO: BELLEVUE, WA 98004 </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: JORGE E FLOREZ TITLE: VICE PRESIDENT ADDRESS: 10900 NE 4TH ST STE 500 CITY/ST/ZIP/CO: BELLEVUE, WA 98004	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: JORGE E FLOREZ TITLE: VICE PRESIDENT ADDRESS: 10900 NE 4TH ST STE 500 CITY/ST/ZIP/CO: BELLEVUE, WA 98004	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: MICHAEL T FOSTER  TITLE: VICE PRESIDENT  ADDRESS: 6464 185TH AVE  CITY/ST/ZIP/CO: SUITE 100 REDMOND, WA 98052 </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: MICHAEL T FOSTER TITLE: VICE PRESIDENT ADDRESS: 6464 185TH AVE CITY/ST/ZIP/CO: SUITE 100 REDMOND, WA 98052	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: MICHAEL T FOSTER TITLE: VICE PRESIDENT ADDRESS: 6464 185TH AVE CITY/ST/ZIP/CO: SUITE 100 REDMOND, WA 98052	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: CARL G JACOBSON  TITLE: VICE PRESIDENT  ADDRESS: 500 WEST MONROE  CITY/ST/ZIP/CO: CHICAGO, IL 60661 </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: CARL G JACOBSON TITLE: VICE PRESIDENT ADDRESS: 500 WEST MONROE CITY/ST/ZIP/CO: CHICAGO, IL 60661	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: CARL G JACOBSON TITLE: VICE PRESIDENT ADDRESS: 500 WEST MONROE CITY/ST/ZIP/CO: CHICAGO, IL 60661	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: TOM JONES  TITLE: VICE PRESIDENT  ADDRESS: 901 MAIN AVENUE  CITY/ST/ZIP/CO: NORWALK, CT 06851 </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: TOM JONES TITLE: VICE PRESIDENT ADDRESS: 901 MAIN AVENUE CITY/ST/ZIP/CO: NORWALK, CT 06851	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: TOM JONES TITLE: VICE PRESIDENT ADDRESS: 901 MAIN AVENUE CITY/ST/ZIP/CO: NORWALK, CT 06851	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: THOMAS D. JONES  TITLE: VICE PRESIDENT  ADDRESS: 901 MAIN AVENUE  CITY/ST/ZIP/CO: NORWALK, CT 06851 </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: THOMAS D. JONES TITLE: VICE PRESIDENT ADDRESS: 901 MAIN AVENUE CITY/ST/ZIP/CO: NORWALK, CT 06851	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: THOMAS D. JONES TITLE: VICE PRESIDENT ADDRESS: 901 MAIN AVENUE CITY/ST/ZIP/CO: NORWALK, CT 06851	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: KEVIN L. KORSH  TITLE: VICE PRESIDENT  ADDRESS: 901 MAIN AVENUE  CITY/ST/ZIP/CO: NORWALK, CT 06851 </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: KEVIN L. KORSH TITLE: VICE PRESIDENT ADDRESS: 901 MAIN AVENUE CITY/ST/ZIP/CO: NORWALK, CT 06851	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: KEVIN L. KORSH TITLE: VICE PRESIDENT ADDRESS: 901 MAIN AVENUE CITY/ST/ZIP/CO: NORWALK, CT 06851	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR			

NAME:	ROSS MCFADDEN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	6464 185TH AVE		
CITY/ST/ZIP/CO:	SUITE 100 REDMOND, WA 98052		
NAME:	DOUGLAS MCKAY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	10550 BARKLEY ST		
CITY/ST/ZIP/CO:	OVERLAND PARK, KS 66212		
NAME:	JOHN AMATO	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	800 LONG RIDGE RD		
CITY/ST/ZIP/CO:	STAMFORD, CT 06927		
NAME:	DONNA M FIAMMETTA	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	800 LONG RIDGE RD		
CITY/ST/ZIP/CO:	STAMFORD, CT 06927		
NAME:	TIMOTHY P LANE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	901 MAIN AVENUE		
CITY/ST/ZIP/CO:	NORWALK, CT 06851		
NAME:	ROBERT E MALITZ	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	12 CORPORATE WOODS BLVD		
CITY/ST/ZIP/CO:	ALBANY, NY 12211		
NAME:	ALEC BURGER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	EVP		
ADDRESS:	901 MAIN AVE		
CITY/ST/ZIP/CO:	NORWALK, CT 06851		
NAME:	MICHAEL G. ROWAN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	EVP		
ADDRESS:	901 MAIN AVENUE		
CITY/ST/ZIP/CO:	NORWALK, CT 06851		
NAME:	AMY J AYALA	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	901 MAIN AVENUE		
CITY/ST/ZIP/CO:	NORWALK, CT 06851		
NAME:	AIMEE J HARRISON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	901 MAIN AVENUE		
CITY/ST/ZIP/CO:	NORWALK, CT 06851		
NAME:	TODD V JONES	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	8337 E. HARTFORD DR		
CITY/ST/ZIP/CO:	SUITE 200 SCOTTSDALE, AZ 85255		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KEVIN L KORSH SECRETARY 901 MAIN AVENUE NORWALK, CT 06851	<input checked="checked" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CAROLYN CRAFT MARTIN ASST SECRETARY 8337 E. HARTFORD DR SUITE 200 SCOTTSDALE, AZ 85255	<input checked="checked" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GREG R NIELSEN ASST SECRETARY 8337 E. HARTFORD DR SUITE 200 SCOTTSDALE, AZ 85255	<input checked="checked" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LUCY RODRIGUEZ ASST SECRETARY 901 MAIN AVENUE NORWALK, CT 06851	<input checked="checked" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.					
/s/ LUCY RODRIGUEZ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		LUCY RODRIGUEZ, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE		9/23/2013 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.					